APPLICATION TO PURCHASE STATE OF ILLINOIS SURPLUS PROPERTY Account Number:

Date:	Account Number	er: CIAL USE FOR CMS ASSIGNMENT
ORGANIZATION:		
		PHONE #:
CITY:	ZIP:	COUNTY:
FORM OF AGENCY		
(Examples of such organization Health Centers, Schools, Colle Programs for the Elderly, Food ALL NOT-for-PROFIT ORGANIZA • Narrative of Program	ns include but are not leges, Universities, Child Banks, State Sheltered TIONS MUST PROVES not-for-profit corporate or Fed 501 (c) ruling, accreditation.	and PUBLIC HEALTH ORGANIZATIONS limited to: Medical Institutions, Clinics, Hospitals, d Care Centers, Museums, Nursing Homes, d Use Workshops, & Boy & Girl Scout of America.) TIDE THE FOLLOWING DOCUMENTATION: ation. If not incorporated, please explain., if applicable.
The organization, school district or unit Property will be used for programmatic	t of local government is purposes. I understan	TD HAVE NOTARIZED s qualified to receive surplus State Property. All State property purchased may not be sold, traded in, or the Department of Central Management Services.
BY:		
TITLE		Please place Notary Impression Stamp here.
TITLE: DATE:		
State of Illinois County of		
I,, a No appeared before me and being duly swo above is correct.		unty noted above, state thatecuted the document above and that the information
Notary Public	 -	Commission Expires
PLEASE RETURN TO: Illinois Department of Central State Surplus Property Control		Note: All items shall be paid for by a check drawn on the purchasing organization prior to the items leaving the warehouse.

Illinois Department of Central Management Services State Surplus Property Control Bureau of Property Management 1924 South 10 1/2 Street, Springfield, IL 62703

NO CASH OR PERSONAL CHECKS WILL BE ACCEPTED.